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13 Number of Pages (including this page)

Date: February 10, 2005

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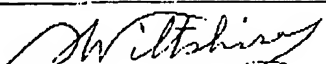
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- Transmittal Form;
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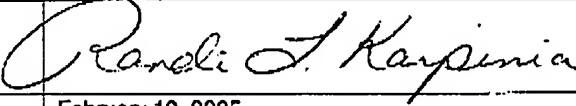
EXAMINER:	Chiang, Jack
ART UNIT:	2642
APPLICATION SERIAL NO.:	10/071,938
FILE DATE:	February 7, 2002
INVENTOR(S):	Robert J. Mulligan et al.
Confirmation No.	9852
Docket No.	CM01562L

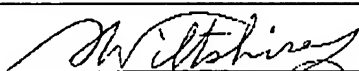
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Typed Name: Silvana Wiltshire	
Signature: 	Date: February 10, 2005

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/071,938		
	Filing Date	02/07/2002		
	First Named Inventor	Robert John Mulligan		
	Group Art Unit	2642		
	Examiner Name	Chiang, Jack		
	Confirmation No.	9852		
Total Number of Pages in this Submission		12	Attorney Docket Number	CM01562L

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ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) - RCE Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Randi L. Karpinia	Registration No.	46, 148
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Date	February 10, 2005